



InsureKidsNow.gov
Connecting Kids to Coverage

Summary of Benefits for California, MEDICAID

Children's Dental Services

Preventive Services

	Is the service Covered?			Frequency	List any service-specific limitations
	Yes	Only with prior authorization	No		
Cleanings	X			2 x year	MORE FREQUENT CLEANINGS MAY BE APPROVED IF MEDICALLY NECESSARY WITH PRIOR AUTHORIZATION
Fluoride treatments (including fluoride varnishes)			X		
Sealants (list any tooth-specific limits)	X				PERMANENT FIRST AND SECOND MOLARS ONLY
Space maintainers		X			PRIOR APPROVAL DETERMINED BY DENTAL PLAN



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Diagnostic Services

	Is the service Covered?			Frequency	List any service-specific limitations	Recommended age of first visit?
	Yes	Only with prior authorization	No			
Dental examinations						
	X					6 months
X-Rays						
Bitewing	X				Bitewing x-rays in conjunction with periodic examinations are limited to one series of four films in any 6 consecutive month period. Isolated bitewing or periapical films are allowed on an emergency or episodic basis.	
Full Mouth						
Panoramic						



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Treatment Services

	Is the service Covered?			Frequency	List any service-specific limitations	Criteria for coverage
	Yes	Only with prior authorization	No			
Fillings						
Silver amalgam	X					
Tooth colored composite	X				OPTIONAL IN POSTERIOR TEETH	
Crowns/tooth caps						
Stainless steel crowns	X				REPLACEMENT IS ONCE EVER 36 CONSECUTIVE MONTHS OR IF MEDICALLY NECESSARY AS DETERMINED BY PLAN	
Metal (only) crowns		X			REPLACEMENT IS ONCE EVER 36 CONSECUTIVE MONTHS OR IF MEDICALLY NECESSARY AS DETERMINED BY PLAN	
Metal/porcelain crowns						
Porcelain (only) crowns	X				REPLACEMENT IS ONCE EVER 36 CONSECUTIVE MONTHS OR IF MEDICALLY NECESSARY AS DETERMINED BY PLAN	



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Root Canals (endodontics)						
Root canals on baby teeth (pulpotomies)	X				Retreatment of root canals is a covered benefit only if clinical or radiographic signs of abscess formation are present, and/or the patient is experiencing symptoms. Removal or retreatment of silver points, overfills, underfills, incomplete fills, or broken instruments lodged in a canal, in the absence of pathology is not a covered benefit.	
Root canals on permanent teeth	X				Retreatment of root canals is a covered benefit only if clinical or radiographic signs of abscess formation are present, and/or the patient is experiencing symptoms. Removal or retreatment of silver points, overfills, underfills, incomplete fills, or broken instruments lodged in a canal, in the absence of pathology is not a covered benefit.	
Gum (periodontal) therapy						
	X				5 QUADRANT TREATMENT IN ANY 12 CONSECUTIVE MONTHS	



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Dentures						
Partial dentures	X				Replacement is once every 36 consecutive months, unless due to natural tooth loss or denture is unsatisfactory or if medically necessary as determined by the plan	
Complete dentures	X				The covered dental benefit for complete dentures will be limited to the benefit level for a standard procedure. If a more personalized or specialized treatment is chosen by the patient and the dentist, the applicant will be responsible for all additional charges.	



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Bridges	X				1. Fixed bridges will be used only when a partial cannot satisfactorily restore the case. If fixed bridges are used when a partial could satisfactorily restore the case, it is considered optional treatment. 2. A fixed bridge is covered when it is necessary to replace a missing permanent anterior tooth in a person 16 years of age or older and the patient's oral health and general dental condition permits. Under the age of 16, it is considered optional dental treatment. If performed on a subscriber under the age of 16, the applicant must pay the difference in cost between the fixed bridge and a space maintainer. 3. Fixed bridges used to replace missing posterior teeth are considered optional when the abutment teeth are dentally sound and would be crowned only for the purpose of supporting a pontic. 4. Fixed bridges are optional when provided in connection with a partial denture on the same arch. 5. Replacement of an existing fixed bridge is covered only when it cannot be made satisfactory by repair.	



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Orthodontics*						
Retainers (orthodontic)	X				Available only if the subscriber child meets the eligibility requirements for medically necessary orthodontia coverage under the California Childrens Services Program (CCS). Benefits are determined and provided by CCS	
Braces		X				Available only if the subscriber child meets the eligibility requirements for
Oral surgery						
Simple extractions	X				Removal of impacted teeth, limited as follows: Surgical removal of impacted teeth is a covered benefit only when evidence of pathology exists	
Surgical extractions	X				Removal of impacted teeth, limited as follows: Surgical removal of impacted teeth is a covered benefit only when evidence of pathology exists	
Care of abscesses	X					



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Cleft palate treatment			X			
Cancer treatment	X				BIOPSY ORAL TISSUES, EXCISION OF NEOPLASMS	
Treatment of fractures	X				MAJOR SURGERY FOR FRACTURES	
Biopsies	X				ORAL TISSUES	
Treatment of jaw joint problems (TMJ)						
		X			VARIES BY PLAN	
Emergency room services provided by a dentist						
			X			
Inpatient Hospital Services						
			X		IF HOSPITALIZATION IS MEDICALLY APPROPRIATE FOR DENTAL SERVICES	



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Anesthesia						
General anesthesia	X				Oral sedatives when dispensed in a dental office by a practitioner acting within the scope of their licensure. General anesthesia and associated facility charges and outpatient services in connection with dental procedures when the use of a hospital or surgery center is necessary because of the subscribers medical condition or clinical status or because of the severity of the dental procedure. This benefit is only available to subscribers under seven years of age; the developmentally disabled, regardless of age; and subscribers whose health is compromised and for whom general anesthesia is medically necessary, regardless of age.	
Intravenous conscious sedation						
Non-intravenous conscious sedation						
Analgesia (nitrous oxide)						



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* When this information is posted on the Insure Kids Now website, we will include a special note for orthodontic services explaining that parents and caretakers should work with their child's orthodontist to ensure that the treatment and payment terms and conditions are clear at the outset of treatment (for example, what happens in the case of a child who becomes ineligible for Medicaid or CHIP while he or she is undergoing orthodontic treatment?).